

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90056 045 ***158.75

DOCUMENT # P03000031582

1. Entity Name
TECHNICAL SERVICE SOLUTIONS INC



Principal Place of Business
**11000 PERIWINKLE LANE
TAMARAC, FL 33321**

Mailing Address
**11000 PERIWINKLE LANE
TAMARAC, FL 33321**

2. Principal Place of Business
4545 NW 103 Ave

3. Mailing Address

Suite, Apt. #, etc.
201

Suite, Apt. #, etc.

City & State
Sunrise

City & State

Zip
33351

Country
Broward

Zip

Country

02272004

Chg-P

CR2E034 (10/03)

4. FEI Number

56-2334085

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WAGNER, MARIE A
11000 PERIWINKLE LANE
TAMARAC, FL 33321**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
WAGNER, MARIE A
11000 PERIWINKLE LANE
TAMARAC, FL 33321**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Marie Wagner* 3/1/2004 954-212-4517